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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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Office Use Only

1. NAME OF T COMMITTEE (in full)	YPE OR PRINT \	Example: If typi over the lines.	ng, type	12FE4M5	CHICK
Christianit	y in Ach	-ion			
ADDRESS (number and street)	[1,77	2,6,T,H,,S,T,		<u> </u>	
Check if different than previously reported. (ACC)	[L ₁ O ₁ F ₁ T ₁ 2,0 ₁ 0 ₁ 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,				
2. FEC IDENTIFICATION NUM	MBER ▼ C	CITY	S	TATE 🛦	ZIP CODE ▲
C 00,5,23,08	3.	15 11	NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report ————————————————————————————————————	النصنا	May 20 (M5) Jun 20 (M6)		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15	A)	:::/	Jul 20 (M7)	Oct 2	20 (M10)
Quarterly Report (Q1 July 15 Quarterly Report (Q2	PRE-Election	Primary (12		General ((m)
October 15 Quarterly Report (Q3	Report for the:	Convention	(12C)	Special (1	·
January 31 Year-End Report (YE	Elec	tion on		·	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30	G)	Runoff (3	OR) [] Special (30S)
Termination Report (TER)	·	tion on 1	06'	2 0 12	in the State of
5. Covering Period 10 18 12 12 through 17 1 26 120 12					
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.					
Type or Print Name of Treasurer J BAILEY MORGAN					
Signature of Treasurer A. Bailey Morgan Date 12 22 2012					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.					
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